Doc Code: PET.POA.WDRW

Document Description: Petition to withdraw attorney or agent (SB83)

PTO/SB/83 (11-08)

Approved for use through 11/30/2011. OMB 0651-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	7,203,805-Conf. #5318
Filing Date	April 10, 2007
First Named Inventor	Nick Czeczulin
Art Unit	2165
Examiner Name	N. Abel Jalil
Attorney Docket Number	669568001US2

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

[x] all the practitioners of record;

[ ] the practitioners (with registration numbers) of record listed on the attached paper(s); or

[ ] the practitioners of record associated with Customer Number: _____

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

[ ] 10.40(b)(1)	[ ] 10.40(b)(2)	[ ] 10.40(b)(3)	[x] 10.40(b)(4)
[ ] 10.40(c)(1)(i)	[ ] 10.40(c)(1)(ii)	[ ] 10.40(c)(1)(iii)	[ ] 10.40(c)(1)(iv)
[ ] 10.40(c)(1)(v)	[ ] 10.40(c)(1)(vi)	[ ] 10.40(c)(2)	[ ] 10.40(c)(3)
[ ] 10.40(c)(4)	[ ] 10.40(c)(5)	[ ] 10.40(c)(6) Please explain below:	

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

1. [x] I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.

2. [x] I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.

3. [x] I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. *Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.*

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: _____

OR

B. ☐ Inventor or Assignee Name

Address			
City	State	Zip	Country
Telephone		Email	

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature			
Name	Brian R. Coleman	Registration No.	39,145
Address	Perkins Coie LLP P.O. Box 1208		
City	Seattle	State WA	Zip 98111-1208	Country US
Date	1/3/14	Telephone No.	(650) 838-4300

*NOTE: **Withdrawal is effective when approved rather than when received.***